

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

Attachment 4.35-C

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ALASKA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Temporary Management: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and
notice requirements specified
in the regulation.)

AS Sec. 18.20.310(a)6

 Alternative Remedy

(Describe the criteria and
demonstrate that the alternative
remedy is as effective in deterring non-compliance.
Notice requirements are as specified in the
regulations.)

TN No. 95-15 Approval Date 10/30/95 Effective Date 7/1/95

Supersedes TN No. 90-17